

Components

- Institutional will/freedom
- Leadership
- Mechanism for capture, analysis, action, assessment, dissemination, enforcement

IF *Satisfied,*
tell a friend.

IF *not, tell us*

==== *thank you*





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Commitment to principles
liberates us from fear



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Pre Suit Investigation

Chief Risk Officer
Assessment
and Direction

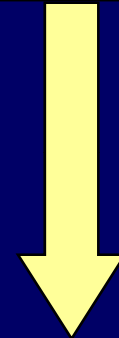
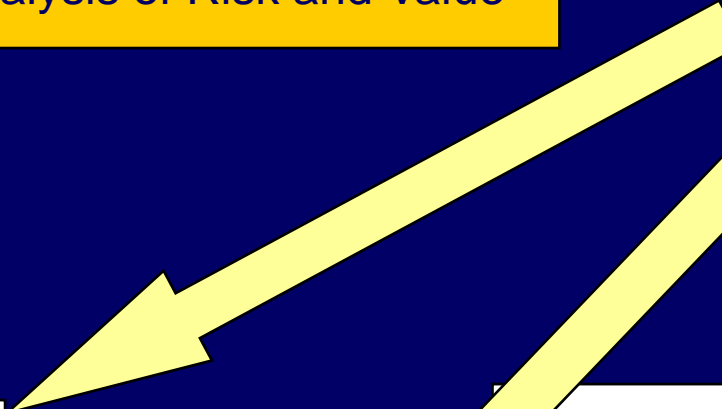
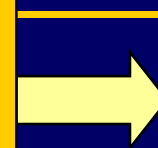
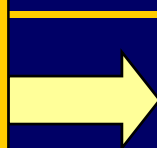
CRO/Risk Management
Investigation and
Analysis of Risk and Value

Medical Committee
(3 months into notice)

Peer Review

**Clinical Quality
Improvement**

**Educational
Opportunities**





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Is it working?



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- In August, 2001 we had 262 claims and suits.
- In August, 2002 we had 220 claims and suits.
- In August, 2003 we had 193 claims and suits.
- In August, 2004 we had 155 claims and suits.
- In August, 2005 we had 114 claims and suits.
- In August, 2006 we had 104 claims and suits.
- In August, 2007, we had 83 claims and suits.



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Claims per calendar year

1999:	136
2000:	122
2001:	121
2002:	88
2003:	81
2004:	91
2005:	85
2006:	61



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-
- Cannot claim that transparency caused the drop in claims
 - Can say that transparency has NOT been the calamity everyone predicted
 - Can say that a principled approach that includes a culture of transparency is necessary for robust patient safety improvement

Favorable trend is holding despite the skeptics . . .

- Case numbers continue to drop
- Transaction costs (attorney fees, costs) continue to drop
- Elapsed time from notice of patient injury or claim to disposition continues to drop
- Decreased reserves have significant financial implications
- Actuaries are excited



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Why is it working?

Because it's aimed more directly at the reasons why patients sue . . .

and because the staff agrees we serve them best with honesty . . .

and because they trust us and the system.



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What drives patients to sue their care givers?

Four common themes:

- 1) the need for an explanation;
- 2) a desire to ensure the safety of others;
- 3) sense of accountability;
- 4) compensation.

Vincent, C, Young, M, Phillips, A

Why do people sue doctors?

A study of patients and relatives taking legal action.

Lancet 1994; 343:1609-13



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Principled approach fosters a
higher QUALITY discussion as
to whether anything is owed



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It is human nature to make sense
of what happens to us



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When an explanation is needed,
every day that passes further
cements erroneous beliefs

When an apology is truly owed,
every day that passes results in
a new injury



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Commitment to a principled
approach is liberating

It leads logically to transparency,
which in turn fuels improvements in
patient safety and communication



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Health care providers get sued far more often because of **inadequate commitment to patient safety** and, **poor communication** than because

Sam Bernstein persuaded a deliriously happy patient to file a groundless law suit



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“Deny and defend” and learning
from mistakes are mutually
exclusive

Greatest and most lasting
savings come from higher quality
care and being safer



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*How has our staff
responded?*



UMHS Medical Faculty Response

- Of more than 400 responses:
 - 87% said that the threat of litigation adversely impacted the satisfaction they derived from practice
 - 98% perceived a difference in approach post 2001
 - 98% approved of new approach
 - 55% said that the new approach was a “significant factor” in their decision to stay at UMHS
 - Only criticism was that they want more attention



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How have plaintiff's attorneys responded?



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Plaintiffs' Bar's Response

- 100% rated UMHS “the best” and “among the best” health systems for transparency
- 90% recognized a change since 2001
- 81% said they had changed their approach
- 81% said costs were less
- 71% said they had settled cases for less than had they litigated
- 86% said transparency allowed them to make better decisions about claims to pursue
- 57% admitted that they turned cases down they otherwise would have pursued



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*How has the UM Health
System responded?*



UM Health System's Response

- initiation of the on-line incident reporting system
- establishment of a patient safety contingency fund
- development/enforcement of real peer review
- formation and deployment of rapid response teams
- the emergence and growth of a large hospitalist service
- utilization of patient safety coordinators
- changes in clinical staffing and supervisory designs
- pulmonary embolus research to identify patients at risk on admit
- purchase of walkie-talkie devices to streamline communications between treatment teams
- pulse oximetry for all adult and pediatric inpatients
- purchase of portable “vein sensors”



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Observations



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Observations from UMHS Experience

- Be principled and honest, individually and as a medical staff
- Be culturally consistent & courageous
- Need to re-take control over, and be accountable for patient relationships
- Make patient safety THE priority
- Practice mindful communication
- Do not skimp on resources to support caregivers



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Impact of “never events” trend

- Fuels adversarial relationships
- Strict liability based on results only is contrary to principle-based claims management
- Some are unavoidable or alternatives are worse
- Unintended harm to patients at risk
- Increased financial pressure will increase focus on finances
- Will draw undue attention to list
- Command diversion of resources to documenting conditions on admission/promotes “creativity”



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Is the UM experience transportable?

Two significant advantages at UM:

1. Alignment, both culturally and financially, of hospital and staff, and
2. No personal liability for physicians

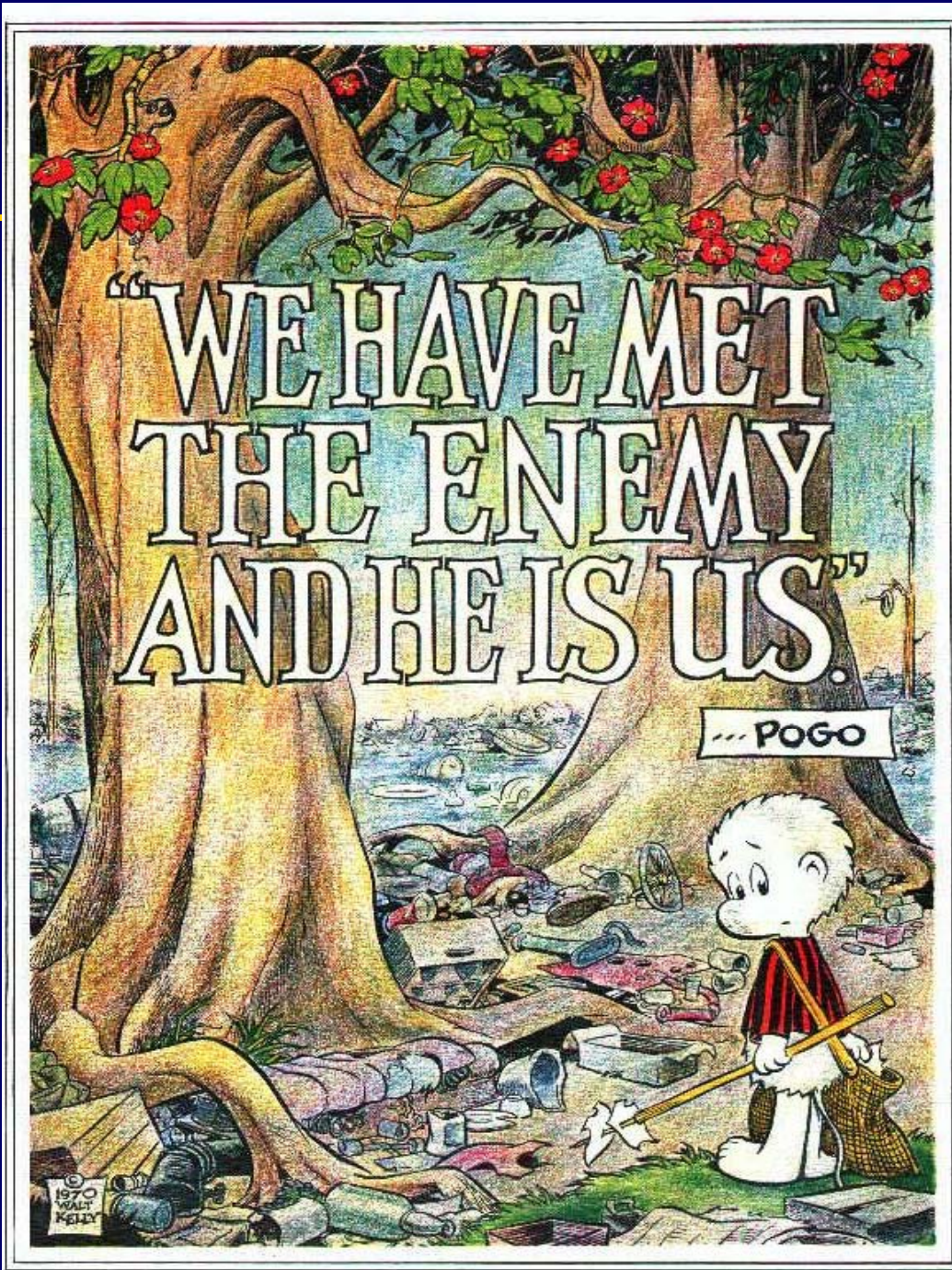


Is the UMHS Experience transportable?

- Create unified culture at medical staff level: commit to honesty in patient safety, peer review
- Re-take control over patient relationships
- Develop proactive, expert risk management
- Improve insurance protection
- Monitor return on investment
- Have courage



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Walt Kelly 1970